

## COVID-19 PACE RECOVERY PROGRAM (CPRP) APPLICATION

BANK OF NORTH DAKOTA **LENDING** SFN 61831 (05-2020)

Bismarck, ND 58506-5509 800.472.2166 800.366.6888 TTY

PO Box 5509, 1200 Memorial Hwy

701.328.5600 bnd.nd.gov

## \*\*FORM MUST BE COMPLETED AND SUBMITTED BY A FINANCIAL INSTITUTION\*\*

## **INSTRUCTIONS:**

If BND CPRP Loan Amount is \$1,000,000 or less, please send completed application to <a href="mailto:BNDCPRLoan@nd.gov">BNDCPRLoan@nd.gov</a>. If BND CPRP Loan Amount is over \$1,000,000, please send completed application to your BND Business Banker.

Upon review and approval, Bank of North Dakota will issue a commitment letter, via email, to the Account Officer listed on this application. Funding instructions will be outlined on the commitment letter. The COVID-19 Partnership in Assisting Community Expansion (PACE) Recovery Program (CPRP) information can be found here. Loan applications must be received by November 30, 2020.

Originating Lender to submit the		_	with this request if applicable:	7 30, 2020.				
			proved Credit Presentation is the only docurender shall submit the following documentation	nent required.				
					uest, if app	olicable:		
Originating Lender Approved Cre	dit Presentation <sup>*</sup>	Guarantor Current & Three Years Financial Statements						
Business Plan		Guarantor Three Years Tax Returns						
Borrower History		Credit Bureau Report(s)						
Cash Flow Projections		Appraisal(s)						
Current & Three Years Financial Sta	atements	Current Lien Search						
Three Years Tax Returns		Floo	od Determination					
General Eligibility								
f any of the below responses are NO, the loan <u>cannot</u> be approved:					Yes	No		
1. Did the borrower incur economic injury as a result of the COVID-19 pandemic?								
2. As of March 13, 2020, the borrower:								
a. Had a physical presence in North Dakota								
b. Was current on financial obligations								
c. Along with any guarantors, showed the capacity or historical ability to service debt								
3. Has the borrower(s) confirmed the proceeds will be used for eligible purposes?								
4. The borrower is in good standing with the Secretary of State								
Maximum Loan Amount  calculated as: ( 2019 Operating Expenses (excluding depreciation) + Interest )  2019 Operating Expenses Interest Maximum CPRP Amount								
2019 Operating Expenses	microst		Maximum of Ri Amount					
Marijuana-Related Business								
f any of the below responses are YES, the loan <u>cannot</u> be approved:					Yes	No		
Will loan proceeds be used for any marijuana-related business activities?								
2. Does a borrower, an owner with at least 20% ownership, or a guarantor generate revenue from marijuana-related business activities?								
Originating Financial Institution								
Name of Financial Institution								
Address		City		State	ZIP Code			
Account Officer		Email Address Telephone		Number				
Loan Assistant		Email Address Telephone		Number				
Credit Analyst		Email Address		Telephone	Telephone Number			

SFN 61831 (05-2020) Page 2 of 3

Tax ID Number

**Applicant Information Borrower Name** Tax Identification (ID) Number Telephone Number Date of Birth (if applicable) Mailing Address Street Address (if different than the mailing address) City State ZIP Code Recipient of the Paycheck Protection Program (PPP) Funds **NAICS Code** (NOTE: Receipt of PPP Funds does not affect eligibility) No Number of Employees Non-Watch List Watch List <500 employees</p> >500 employees Co-Borrower Name Tax Identification (ID) Number Telephone Number Date of Birth (if applicable) Mailing Address Street Address (if different than the mailing address) City State ZIP Code **Loan Terms Total Loan Amount** Bank of North Dakota's Loan Amount County Code Service Fee Prepayment Penalty Term **Amortization Period** Originating Lender: 3.75% 0.25% 5 years BND to net 3.50% First 6-Month Payment Structure Security □ P&I P & I Deferred ☐ I/O Estimated Funding Date Liquidated LTV Single Advance Multiple Advance (Non-Revolving) % List Owners (with 20% or more ownership) and ALL Guarantors Name Title Telephone Number ZIP Code Address City State Guarantee Tax ID Number Ownership Percentage Limited Unlimited Title Name Telephone Number ZIP Code Address City State Guarantee

Ownership Percentage

Limited

Unlimited

SFN 61831 (05-2020) Page 3 of 3

Name	Title	Telephone Number		
Address	City		State	ZIP Code
Tax ID Number	Ownership Percentage %	Guarantee  Limited	Unlimited	

Click for Additional Owner/Guarantor(s)

## **CERTIFICATION**

Originating Lender certifies that they shall close and disburse each loan in accordance with the terms and conditions of the CPR Program and BND's commitment letter. Lender shall cause to be executed a note and all additional instruments and take such other actions which shall, be consistent with prudent closing practices, be required in order fully to protect or preserve the interests of Lender and BND in the loan. Originating Lender acknowledges BND will accept and maintain an electronic version of this application.

Originating Lender Account Officer		

Note: Prior to signing, ensure entire form is complete. No edits allowed.